DLN: 93493230011460 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number B Check if applicable ISO NEW ENGLAND INC ☐ Address change 04-3372500 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) ☐ Amended return One Sullivan Road ☐ Application pending (413) 535-4000 City or town, state or province, country, and ZIP or foreign postal code Holyoke, MA  $\,$  01040  $\,$ G Gross receipts \$ 194,267,426 Name and address of principal officer H(a) Is this a group return for Gordon van Welie CEO □Yes **☑**No subordinates? One Sullivan Road H(b) Are all subordinates Holyoke, MA 01040 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) ☐ 527 ☐ 501(c)( ) **(**(insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www.iso-ne.com L Year of formation 1997 M State of legal domicile DE K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities The Corporation is organized and operated exclusively for charitable purposes including the following, to (i) maintain the reliability of the bulk power and transmission system in New England by, among other things, exercising operational authority over the bulk transmission facilities, (ii) administer and seek to enhance sustainable, competitive and efficient energy markets, and (iii) provide non-discriminatory, Activities & Governance open-access transmission service Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 4 9 Number of independent voting members of the governing body (Part VI, line 1b) 5 675 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . . Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 39 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenue 192,378,915 193,505,976 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 669,019 760,804 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 193,047,934 194,266,780 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 14,167 12,266 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 113,359,594 115,472,954 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 79,674,173 78,781,560 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 193,047,934 194,266,780 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . Assets or d Balances End of Year Beginning of Current Year 547,211,218 566,816,092 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 547,211,218 566,816,092 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-08-03 Signature of officer Date Sign Here Robert Ludlow VP, Chief Fin'l and Compl Officer
Type or print name and title Print/Type preparer's name Preparer's signature Check  $\Box$  ıf Paid self-employed Fırm's name Firm's EIN 🕨 Preparer **Use Only** Firm's address ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019) Cat No 11282Y

Form	990 (2019)					Page <b>2</b>
Pa	Statement	of Program Ser	vice Accomplis	hments		
	Check if Sched	dule O contains a re	esponse or note to a	any line in this Part III		🗆
1	Briefly describe the o	rganızatıon's mıssıd	on .	·		
and	transmission system in	New England by, a	mong other things,	exercising operation	the following, to (i) maintain the al authority over the bulk transmis ovide non-discriminatory, open-ac	sion facilities, (ii) administer
2	Did the organization of the prior Form 990 or	, -		- ,	which were not listed on	☐ Yes ☑ No
3	If "Yes," describe the Did the organization of			changes in how it con	ducts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Scho	edule O			
4		d 501(c)(4) organız	ations are required	to report the amount	e largest program services, as me of grants and allocations to other	
	(Code	) (Expenses \$	83,293,508	including grants of \$	0 ) (Revenue \$	93,310,671 )
	See Additional Data	, (=			- , ,	
4b	(Code	) (Expenses \$	53,878,486	ıncluding grants of \$	12,266 ) (Revenue \$	60,364,195 )
	See Additional Data					
4c	(Code	) (Expenses \$	35,959,388	ıncludıng grants of \$	0 ) (Revenue \$	40,294,589 )
	See Additional Data					
4d	Other program service	ces (Describe in Sch	nedule O )			
	(Expenses \$	0	including grants of	\$	0 ) (Revenue \$	0 )
4e	Total program serv	ice expenses	173,131,3	82		

Form 990 (2019) Page 3 Part IV Checklist of Required Schedules Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Nο Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 🛸 . . . . . . . . . . . . . . . 4 Yes Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III . . . 5 Nο Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Nο

9 10

Yes Nο

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Yes No No

Nο

No

Nο

No

Nο

Nο

No

Nο

Nο

No

11c Yes 11d 11e Yes

Yes

Yes

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20h

21

Yes

Form **990** (2019)

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Par	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> , Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	- :		
	Fortunation was administration Provided in Provided Fortunation Control Contro		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 92  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			İ
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Yes	

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	4a		No
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
_	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	, , , , , , , , , , , , , , , , , , , ,	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<del>-''</del>		
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ъ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
12	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to	lines 🗸
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	⊋.)	
			V	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	res	No No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	res	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	10b 11a 12a	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b 12c	Yes Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 111a b 112a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 111a b 112a c 113 114 115	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 111a b 112a c 113 114 115	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 112a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a b c 13 14 15 a b b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	10b  11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes Yes Yes Yes Yes	No

Own website Another's website Upon request Other (explain in Schedule O)

19

20

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records Robert C Ludlow One Sullivan Road Holyoke, MA 010402841 (413) 535-4014

Form 990 (2	2019)										Page <b>7</b>
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	/ees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
year .	e this table for all persons require		·						, ,		
of compensa	of the organization's <b>current</b> off ation Enter -0- in columns (D), (	E), and (F) if no	compe	nsatı	on v	vas p	paid				
	of the organization's <b>current</b> key										
who receive	organization's five current high d reportable compensation (Box and any related organizations										
	of the organization's <b>former</b> office e compensation from the organiz						pensat	ed e	employees who rece	ived more than \$10	0,000
organızatıor	of the organization's <b>former dire</b> n, more than \$10,000 of reportab	le compensation	n from t								e
	ions for the order in which to list	•									
☐ Check t	this box if neither the organization		d orgar	nizatio			ensate	d ar	ny current officer, di	rector, or trustee	_
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than o	ne b	ox, ι n of or/t	t che unles ficer rust	· and a ee)	on	( <b>D</b> ) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
See Addition	al Data Table										_
					_						
											_

Washington, DC 200053898

compensation from the organization ▶ 49

Page 8

Part VII Section A. Officers, Direct	tors, Trustees	s, Key	Empl	loye	es,	and	Higl	nest Co	mpens	ate	d Employees	(cont	inued)	Page 8
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	ıs both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-		(E) Reportable compensation from related organizations (W-2/1099-		(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	,	2/1099- 1ISC)		(W-2/1099- MISC)		relat organiz	:ed
See Additional Data Table														
			_		_									
			_											
1b Sub-Total	art VII, Section	Α.				<b>*</b>	ı	13	,921,052			0		8,757,751
Total number of individuals (including of reportable compensation from the compensa	but not limited	to thos			bove		rec				0,000	<u> </u>		<del></del>
3 Did the organization list any former line 1a? If "Yes," complete Schedule.			ee, k			oyee,	or hı	ghest co	mpensa	ated .	employee on	3	<b>Yes</b> Yes	No
For any individual listed on line 1a, is organization and related organization individual	s greater than s	150,00	0۶ <i>If</i>	"Yes	," c	omplet	te Sc	hedule .			the			
5 Did any person listed on line 1a receiservices rendered to the organization									ation or	ındıv •	vidual for	5	Yes	No
Section B. Independent Contract  Complete this table for your five high	est compensate											mpen:	sation	
from the organization Report compe	(A)		уеаг	enu	iliy	WICH O	VVII	.iiii tile	T		(B)		(0	
Grid Solutions (US) LLC dba Alstom Grid LLC 175 Addison Road	and business addre	ess								Mana	ption of services gement System		Compei 7	nsation 7,815,864
Windsor, CT 06095 RLC Engineering LLC 267 Whitten Road									Enginee	ering s	Services		3	3,073,816
Hallowell, ME 04347 Analysis Group Inc I 11 Huntington Ave									Econom	nc & F	Fin'l Consulting		1	,821,849
10th Floor Boston, MA 02199 Power Auctions LLC									Power S	Syster	n Consulting		1	,442,932
2744 32nd Street NW Washington, DC 200082712 Wright & Talisman PC									Legal S	ervice	25		1	,441,812
1200 G Street NW Suite 600														

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Part		Statement	of F	Revenue						Page 9
					respo	nse or note to any	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
0	1	1a Federated campa	aigns		1a	L	L	revende		312 311
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership due	s.	. [	<b>1</b> b					
6ra		<b>c</b> Fundraising ever	nts .	. [	1c					
ج <u>ج</u>		<b>d</b> Related organiza	tions	;	1d					
<u> </u>		e Government grants	(con	tributions)	1e					
ns, Sim		f All other contribution	ons, g	Ifts, grants,						
ë ë		and similar amount above	s not	included	1f					
듗돹		g Noncash contribution	ons in	cluded in	_					
ont pu				Ĺ	<b>1</b> g					
S		<b>h Total.</b> Add lines	1a-1	r		•	0			
			_			Business Code	93,070,821	93,070,821	0	0
a.	2	2a Energy Administratio	n Ser	vices		221000	33,070,021	33,070,021	Ŭ	Ü
nue	ı	<b>b</b> Reliability Administra	ition S	Services		221000	60,240,446	60,240,446	0	0
₽×				100			40,194,709	40,194,709	0	0
1Ce	•	C Scheduling System C	.ontro	i & Dispatch		221000	10,13 1,7 03	10,131,703	Ĭ	Ç
Program Service Revenue		d								
: Lue	(	<u> </u>								
ogra	•	e								
₫.		£ All ather present					0	0	0	0
		<ul><li>f All other program</li><li>g Total. Add lines 3</li></ul>				193,505,976				
		Investment income					1	1		
		sımılar amounts) .				•	760,67	·		· ·
		Income from invest						0 0	0	
	5	Royalties	$\overline{}$	(ı) Rea		(II) Personal	<u>'</u>		, 0	0
				(I) IXEA	1	(II) Personal	+			
		a Gross rents	6a							
	b	Less rental expenses	6b							
	С	: Rental income					†			
		or (loss)  d Net rental income	6c	(1)	0		<u>0 </u>			
		u Net rental income		(I) Securit	i i	· · · ▶				
	7	a Gross amount		(i) Securit		(II) GENE	+			
		from sales of assets other	7a		0	78	0			
	_	than inventory					4			
	b	other basis and	7ь		0	64	6			
		sales expenses					$\dashv$			
		Gain or (loss)	<b>7</b> c		0		<b>⊣</b>			
		<b>d</b> Net gain or (loss) <b>a</b> Gross income from fi				· · · · •	13	4	0	134
ne	Ŭ.	(not including \$		of						
ven v		contributions reporte See Part IV, line 18			8a					
Other Revenue		<b>b</b> Less direct exper	ises		8b		+			
her		c Net income or (los			ng eve	ents •	_			
	o-	a Gross income from	a2==	na activities						
	9 a	See Part IV, line 19	yanın	• •	9a					
		<b>b</b> Less direct exper	ises		9b		7			
		<b>c</b> Net income or (los	ss) fr	om gaming a	activiti	es 🕨	_			
	10	<b>Da</b> Gross sales of inve	entor	v less						
		returns and allowa	ances	y, less	10a					
		<b>b</b> Less cost of good	ls sol	d	<b>10</b> b					
		c Net income or (los	_		nvenț	•				
	4	Miscellaneo	us R	evenue		Business Code	4			
	1	. <b>.</b>								
		b			}		1			
		с			<del> </del>		+			
		-								
		d All other revenue					+			
		e Total. Add lines 1				•	1			
	1	. <b>2 Total revenue.</b> S	iee ir	structions -				0		
					-	• •	194,266,78	0 193,969,45	0	297,325 Form <b>990</b> (2019)

Form 990 (2019)					Page <b>10</b>
	Functional Expenses				
	) and 501(c)(4) organizations must c		_		umn (A)
Check if Schedule	O contains a response or note to an	y line in this Part IX			<u> L</u>
Do not include amounts rep 7b, 8b, 9b, and 10b of Part \		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	ce to domestic organizations and ee Part IV, line 21	12,266	12,266		
<b>2</b> Grants and other assistan Part IV, line 22	ce to domestic individuals See	0	0		
	ce to foreign organizations, foreign individuals See Part IV, lines 15	0	0		
4 Benefits paid to or for me	mbers	0	0		
<b>5</b> Compensation of current key employees	officers, directors, trustees, and	15,694,556	10,602,411	5,092,145	0
defined under section 495	d above, to disqualified persons (as $8(f)(1)$ ) and persons described in	0	0	0	0
7 Other salaries and wages	[	72,423,593	64,254,212	8,169,381	0
	contributions (include section 401 contributions)	12,585,032	11,165,440	1,419,592	0
<b>9</b> Other employee benefits	[	9,553,618	8,434,779	1,118,839	0
<b>10</b> Payroll taxes	[	5,216,155	4,627,773	588,382	
11 Fees for services (non-em	ployees)				
a Management		0	0	0	0
<b>b</b> Legal		1,728,806	1,425,107	303,699	0
c Accounting	[	576,028	389,635	186,393	0
<b>d</b> Lobbying		0	0	0	0
e Professional fundraising s	ervices See Part IV, line 17	0			0
<b>f</b> Investment management	fees	139,680	123,924	15,756	0
<b>g</b> Other (If line 11g amount (A) amount, list line 11g e	exceeds 10% of line 25, column expenses on Schedule 0)	14,227,127	12,804,617	1,422,510	0
12 Advertising and promotion	1	0	0	0	0
<b>13</b> Office expenses	[	2,056,383	1,689,162	367,221	0
14 Information technology	[	15,204,034	14,211,195	992,839	0
15 Royalties		0	0	0	0
<b>16</b> Occupancy	[	5,685,858	5,210,644	475,214	0
<b>17</b> Travel	[	1,315,276	1,068,208	247,068	0
<b>18</b> Payments of travel or enter federal, state, or local public.		0	0	0	0
19 Conferences, conventions	, and meetings	731,663	593,357	138,306	0
<b>20</b> Interest	[	1,606,419	1,606,419	0	0
21 Payments to affiliates .	[	0	0	0	0
22 Depreciation, depletion, a	nd amortization	27,131,287	26,913,852	217,435	0
23 Insurance		270,352	182,635	87,717	0
miscellaneous expenses in exceeds 10% of line 25, c expenses on Schedule O	-				
a North American Electric	Reliability Corp	5,924,309	5,924,309	0	0
<b>b</b> Dues and Subscriptions		1,473,297	1,228,311	244,986	0
c Regulatory Contingency	Expense Accrual	250,000	221,800	28,200	0

212,124

248,917

194,266,780

**d** Northeast Power Coordinating Council Dues

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

e All other expenses

212,124

229,202

173,131,382

0

19,715

21,135,398

0

0

0

Form **990** (2019)

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

entity or family member of any of these persons . . . . . . . . . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

424,514,203

326,945,833

Notes and loans receivable, net . . . .

Inventories for sale or use . . . . . Prepaid expenses and deferred charges . . .

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

Investments—other securities See Part IV, line 11 .

**Total assets.** Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> </a> <a> and</a>

Capital stock or trust principal, or current funds . . . . . .

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24)

**Total liabilities.** Add lines 17 through 25 . .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here 🕨 🗹 and

Investments-program-related See Part IV, line 11 .

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

b Less accumulated depreciation

Grants payable .

Accounts receivable, net

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

30

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets

4

6 0

7

8

9

10c

12 0 13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30 0

31

0

٥l

0 32

547,211,218

29.925.663

92,253,060

97,568,370

220,937,929

566,816,092

33.053.383

27,429,746

49.219.274

328,662,358

49.964.566

78,486,765

566.816.092

0

0

0

0

566,816,092

Form 990 (2019)

0

0

0

0

0

0

Check if Schedule O contains a response or note to any line in this Part IX .			🗆
	(A) Beginning of year		<b>(B)</b> End of year
Cash–non-interest-bearing	12,122	1	6,658
Savings and temporary cash investments	48,922,803	2	126,124,412
Pledges and grants receivable, net	0	3	0

30.375.780

66,911,402

98,335,458

302,653,653

547,211,218

32,888,767

35.225.013

52.387.331

315,132,897

49.954.634

61,622,576

547.211.218

0 11

0

n

0 5

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a No

Form 990 (2019)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

# Additional Data

**Software ID:** 19009572

**Software Version:** v1.00

**EIN:** 04-3372500

Name: ISO NEW ENGLAND INC

Form 990 (2019)

Form 990, Part III, Line 4a:

Reference Line 4a Energy Administration - ISO New England Inc (ISO-NE) is the not-for-profit organization authorized by the federal government to perform three critical activities to ensure the reliable and safe supply of electricity throughout New England Through its first activity, Energy Administration, ISO-NE ensures the constant availability of competitively-priced electricity for the region's 14 8 million residents by designing, refining, and administering the region's wholesale electricity markets and making sure these markets are fair and competitive During 2019, ISO-NE was responsible for the fair administration of over \$9 8 billion dollars of market transactions

Reference Line 4b Reliability Administration - Through its second activity, Reliability Administration, ISO-NE ensures the reliable day-to-day operation of the region's high voltage transmission system Among other things, this involves (i) coordinating the region's 350 power plants and 9,000 miles of high voltage transmission lines, (ii) managing the movement of high-voltage electricity into, within, and out of New England, (iii) ensuring that the six-state region has the power system resources necessary to meet consumer demand for electricity and federally-mandated reliability requirements. (iv) coordinating how transmission lines, power plants (such as coal, oil, nuclear, and

natural gas-fired), and other resources connect to and operate on the power grid reliably, and (v), working with the industry to develop transmission infrastructure solutions that are essential for maintaining power system reliability. During 2019, ISO-NE coordinated the generation and transmission of the 125,823 gigawatt-hours of power

Form 990, Part III, Line 4b:

consumed in the region

### Form 990, Part III, Line 4c:

ISO-NE (i) monitors the flow of electricity into, out of, and over New England's high-voltage transmission system and (ii) schedules hundreds of diverse power resources and

transmission components to supply just the right amount of electricity to meet the region's demand, which changes every time someone flips a switch. If too little electricity

is produced, lights may not come on. Too much electricity could damage the system. ISO-NE is responsible for ensuring that the grid can withstand the sudden loss of a

power plant or transmission equipment caused by weather, mechanical failure, terrorism, or other triggers

Reference Line 4c Scheduling Service - Through its third activity, Scheduling Services, ISO-NE forecasts and schedules the electricity needed in the region for every second

of every day and ensures there is enough electricity generated to meet demand and resources needed to maintain stringent reliability criteria. In conducting this activity,

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any nours	and	a dir	ecto	or/tr	ustee	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Gordon van Welie President, and Chief Executive Officer	45	×		×				1,603,017	0	702,753
Vamsi K Chadalavada Executive V P and Chief Operating Officer	45			×				1,154,540	0	591,774
Robert C Ludlow V P Chief Financial & Compliance Officer	45			х				647,847	0	343,840
Jamshid A Afnan V P Info & Cyber Security Svc	45			х				492,421	0	496,408
D. T. D	45									

Χ

Х

Χ

Χ

45

45

45

47

45

590,982

564,458

503,024

461,284

303,397

431,549

350,270

317,625

344,756

320,582

467,874

335,617

0

V P Info & Cyber Security Svc

Peter T Brandien

V P System Operations & Market Administration

Janice S Dickstein

......

V P Human Resources

V P System Planning

V P Gen'l Counsel and Corp Sec

V P Market Development & Settlements

Robert G Ethier

Maria A Gulluni

John R Norden

Mark G Karl

Director, Operations

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and a director/trustee)						organization	organızatıons (W- 2/1099-	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	MISC)	organization and related organizations
Anne C George V P External Affairs & Corp Communications	45			x				469,126	0	268,734
Stephen J Rourke V P System Planning	45			х				497,051	0	188,273
Michael I Henderson Director, Regional Planning & Coord	44				×			389,377	0	269,546
Richard V Kowalski Technical Director-former Key Employee	44						×	252,462	0	392,629
	41									

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51

41

40

41

40

252,395

379,229

293,961

308,052

310,187

347,687

385,795

227,913

299,699

284,550

260,997

215,160

0

Richard V Kowalski
Technical Director-former Key Employee
Dennis Robinson

.......

Director, Market & Resource Administration

Director, Market Analysis & Settlements

Director, Program Management Office

Director, Reliability & Operations Compliance

Matthew W White

Chief Economist

Shannon L Carey

M David Hameedy

Matthew F Goldberg

Eugene Litvinov

Chief Technologist

and Independent Contractors

and Independent Contractors (A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the compensation from related

any hours

for related

organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and a director/trustee)

organization

(W-2/1099-

MISC)

258,835

261.418

253,229

271,192

101,353

organizations

(W- 2/1099-

MISC)

from the

organization and

related

185,677

181.236

141,699

34,340

98,787

0

	below dotted line)	dividual trustee director	stitutional Trustee	ioe.	y employee	phest compensated	ner		,	organizations
Jeffrey McDonald V P Market Monitoring	45			×				400,001	0	120,676
James Douglass Senior Regulatory Counsel	42					х		272,767	0	228,406
Rudolf Pawul Director, IT Development & Power System Support	40				×			258,439	0	239,041
Henry Y Yoshimura Director, Demand Resource Strategy	46					x		256,254	0	234,815
Michael N Taniwha	40				x			257,268	0	228,279

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53

47

40

40

0 40

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IT Director, Infrastructure & Enterprise Support

Raymond M Curry

Brent Oberlin

Director, Internal Audit

Christopher J Hamlen

Timothy Helwick

Lorraine M Brady

Director, Transmission Planning

Assistant General Counsel - Markets

Assistant General Counsel - Market Monitoring

...... Corporate Administrator & Assistant Secretary

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Christopher L Wilson

Vickie A VanZandt

Director Brook Colangelo

Director

Director Roberto R Denis

Director

Director Cheryl LaFleur

Director

Raymond D Hill

	any nours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Kathleen Q Abernathy Chair, Board of Directors	0	х						135,625	0	0	
Philip N Shapiro Chair, Board of Directors	0	х						135,500	0	0	
Michael J Curran Director	7 0	х						134,000	0	0	

113,125

111,625

110,875

109,875

70,000

40,000

0

0

0

		l x		ll		135,500	
Chair, Board of Directors	0						
Michael J Curran	7	×				134,000	
Director	0					10.7,000	
Barney S Rush	7	×				117,625	
Director	0	^`				117,023	
	7						

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efil	e GR	APHIC prii	1t - <u>DO</u> NO	T PROCESS	As Filed Data -			DLN: 93	3493230011460	
SC	HED	ULE A		Public (	Charity Staturganization is a sect	ion 501(c)(3) o empt charitable	organization or trust.	ort	2019	
Depar	ment of	f the Treasury	▶ 6	Go to <u>www.irs</u>	► Attach to Form a.gov/Form990 for i			ormation.	Open to Public Inspection	
Nam	e of tl	<b>he organiza</b> GLAND INC	tion					Employer identific	ation number	
								04-3372500		
	rt I				<b>us</b> (All organization : it is  (For lines 1 thro			See instructions.		
1	n gannz		•		sociation of churches	•		(A)(i)		
2		•		•	1)(A)(ii). (Attach Scl					
						,	, ,			
3	Ш	·	·	•	vice organization desc			•		
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170 (b)(1)(A)(iv).</b> (Complete Part II )								
6		A federal, s	tate, or local	government or	governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).		
7		section 17	O(b)(1)(A)(	vi). (Complete	Part II )		_	init or from the genera	al public described in	
8		A communi	ty trust descr	ıbed ın <b>sectior</b>	170(b)(1)(A)(vi)	(Complete Part I	I)			
9		non-land gi	ant college o	f agrıculture S	ee instructions Enter	the name, city, a	and state of the	,		
10	✓	from activit	ies related to income and i	ıts éxempt fur ınrelated busın	ictions—subject to cer	tain exceptions,	and (2) no more	ns, membership fees, a than 331/3% of its su sses acquired by the o	pport from gross	
11		An organiza	ation organize	d and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).		
12		more public	ly supported	organizations of	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>i09(a)(1)</b> or <b>se</b>	ction 509(a)(2	s of, or to carry out th <b>).</b> See <b>section 509(a</b> s 12e. 12f. and 12g	e purposes of one or <b>)(3).</b> Check the box	
a		<b>Type I.</b> A so	supporting org n(s) the powe	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by of the supporting orga		
b		Type II. A manageme	supporting or nt of the supp	rganization sup porting organiza	ervised or controlled i ation vested in the sar			organization(s), by hav ge the supported orga		
c		Type III f	unctionally i					nd functionally integra	ted with, its	
d		Type III n functionally	on-function integrated 1	<b>ally integrate</b> The organizatio	<b>d.</b> A supporting organ	Ization operated fy a distribution	in connection wi	th its supported orgar I an attentiveness requ	· /	
e					ved a written determir integrated supporting		RS that it is a Ty	pe I, Type II, Type II	functionally	
f	Enter			organizations	egratea supporting	, o.gamzadon				
g	Provi	ide the follow	ing information	on about the su	ipported organization(	s)				
	1 (i)	Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No			
<b>-</b> -										
Tota		and Deads	Lian A - L N - 1	an and the T	nstructions for	Cat No 11285	<u> </u>	 Schedule A (Form 9	000 57) 2010	

Sch	edule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
Р	art II Support Schedule for (	Organizations	Described in S	ections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	d below, please	complete Part I	II.)	
	Section A. Public Support		1	ı			
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grant ") Tax revenues levied for the						
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from				+		
0	line 4						
S	ection B. Total Support		_		_		
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	(or fiscal year beginning in) ► Amounts from line 4						
8	Gross income from interest,						
Ī	dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources  Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI )						
11							
12	10 Gross receipts from related activities, e	tc (see instruction	ns)			12	
	First five years. If the Form 990 is fo			ard fourth or fifth	a tay year as a se		anization
		=			-		
_	check this box and stop here Gection C. Computation of Public				<u> </u>		<u> </u>
	Public support percentage for 2019 (lin			column (f))		14	
	Public support percentage for 2018 Sch			23.31111 (17)		15	
	33 1/3% support test—2019. If the			on line 13, and lin	ne 14 is 33 1/3% c		hox
100	and <b>stop here.</b> The organization quali				10 11 10 00 1/0 /0 0	i more, eneck ems	▶ □
b					and line 15 is 33 :	1/3% or more, chec	
_	box and <b>stop here.</b> The organization	-				,	<b>▶</b> □
17a	10%-facts-and-circumstances test				ne 13, 16a, or 16b	, and line 14	- —
	ıs 10% or more, and ıf the organizatıoı	n meets the "facts	-and-circumstance	es" test, check thi	s box and stop he	e <b>re.</b> Explain	
	in Part VI how the organization meets	the "facts-and-cir	cumstances" test	The organization	qualifies as a pub	icly supported	
	organization	. 2010 ****		e alexado a 1	13 16 16'	4.7-	▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization						
	supported organization			-		- ,	▶ □
18	m - 1 - 1 - 1 - 1 - 1 - 1	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this bo	x and see	
	instructions						ightharpoons
					Calcadio	la A /Form 000 a	= 000 E7\ 3010

927,333,065

431,929,309

431,929,309

495,403,756

927,333,065

630,233

630,233

927,963,298

(f) Total

	(Complete only if you						er Part II. If
	the organization fails	to qualify under	the tests listed	below, please of	omplete Part II.	)	
S	ection A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0	0	0	0	0	0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	174,641,715	181,568,188	184,373,928	192,779,779	193,969,455	927,333,065
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities	0	0	0	0	0	0

181,568,188

84,126,343

84,126,343

(b) 2016

181,568,188

11,194

11,194

181,579,382

184,373,928

86,641,660

86,641,660

(c) 2017

184,373,928

38.975

38,975

184,412,903

Part III Support Schedule for Organizations Described in Section 509(a)(2)

174,641,715

76,086,228

76,086,228

174,641,715

13.938

13,938

174,655,653

(a) 2015

received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the c Add lines 7a and 7b

persons

amount on line 13 for the year Public support. (Subtract line 7c from line 6) Calendar year

to the organization without charge

Amounts included on lines 2 and 3

Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified

Section B. Total Support Amounts from line 6

(or fiscal year beginning in) ▶ Gross income from interest, 10a dividends, payments received on

securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in

line 10b, whether or not the business is regularly carried on or loss from the sale of capital

Other income Do not include gain assets (Explain in Part VI ) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 14

15

20

check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2018 Schedule A, Part III, line 15

16 Section D. Computation of Investment Income Percentage 17

Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2018 Schedule A, Part III, line 17 18 19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

193,047,934

194,267,426

193,969,455

95,503,479

95,503,479

(e) 2019

193,969,455

297.971

297,971

0

192,779,779

89,571,599

89,571,599

(d) 2018

192,779,779

268,155

268,155

0 068 % 0 041 % b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is ▶□

Schedule A (Form 990 or	990-EZ) 2019
Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	▶ □
not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	▶□

Schedule A (Form 990 or 990-EZ) 2019

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

			Yes	No
•	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		

	describe the designation If historic and continuing relationship, explain	1	Γ
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Γ
	below	3a	Γ
1.	Did the appropriate and the cook appropriate appropriate and propriate and appropriate and app		Т

		_	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
ı	determination		

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			

	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination	3b	1	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use			
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			

	Checked 12a or 12b in Part 1, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		<u> </u>	
	organization's organizing document?	5b	1	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 of 990-E2) 2019		۲	age :
Pai	t IV Supporting Organizations (continued)			
_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b>	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting		_		
	organization	2		
S	ection C. Type II Supporting Organizations		1	
	., 11 2 2		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
	D	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
<u> </u>	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	,		
	The organization is the parent of each of its supported organizations. Complete line 3 below			
	_		_L \	
(		instru	ctions)	
	Activities Test Answer (a) and (b) below.		Yes	No
ā	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities	2a		
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2 h		
}	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
ŀ	Did the organizations? Provide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

3b

Page **6** 

Schedule A (Form 990 or 990-F7) 2019

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1				
a	Average monthly value of securities	1a				
b	Average monthly cash balances	<b>1</b> b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)					
2	Acquisition indebtedness applicable to non-exempt use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
	Section C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				

3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Enter greater of line 2 or line 3 Income tax imposed in prior year	4 5	
		<u> </u>	

instructions)

Total annual distributions. Add lines 1 through 6	
Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
Distributable amount for 2019 from Section C, line 6	

8	Distributions to attentive supported organizations to who		
9	Distributable amount for 2019 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		
	Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> )		

details in <b>Part VI</b> ) See instructions	ilcii tile organization is respon	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
<b>b</b> From 2015			
c From 2016			

(see instructions)	Excess Distributions	Pre-2019	Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2019			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			

f Total of lines 3a through e		
<b>g</b> Applied to underdistributions of prior years		
<b>h</b> Applied to 2019 distributable amount		
<ul> <li>Carryover from 2014 not applied (see instructions)</li> </ul>		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2019 from Section D, line 7		
<u>     \$                               </u>		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		

j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2019 from Section D, line 7		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2019 Subtract		

c Remainder Subtract lines 4a and 4b from 4		
<b>5</b> Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in <b>Part VI</b> See instructions		
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3 <sub>1</sub> and 4c		
8 Breakdown of line 7		

Schedule A (Form 990 or 990-EZ) (2019)

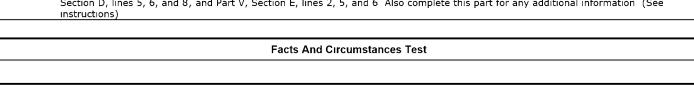
**a** Excess from 2015. . . . . **b** Excess from 2016. . . . . **c** Excess from 2017. . . . .

d Excess from 2018. e Excess from 2019.

## **Additional Data**



Part VI
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)



**SCHEDULE C** 

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

# **Political Campaign and Lobbying Activities**

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493230011460

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

f the	Section 501(c)(3) organizations tha Section 501(c)(3) organizations tha	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax	section 501(h)) Co nder section 501(h	omplete Part II-A Do not c )) Complete Part II-B Do	omplete Part II-B not complete Part II-A
	Section 501(c)(4), (5), or (6) organized me of the organization	zations Complete Part III		Employer ide	ntification number
ISO	NEW ENGLAND INC				nullication number
Par	t I-A Complete if the orga	nization is exempt under section	on 501(c) or is	04-3372500 a section 527 organ	ization.
1		nization's direct and indirect political car			
2	Political campaign activity expend	litures (see instructions)		•	\$
3	Volunteer hours for political camp	, ,			
		nization is exempt under section			
1	•	ax incurred by the organization under se		<b>&gt;</b>	\$
2 3	·	ax incurred by organization managers u tion 4955 tax, did it file Form 4720 for t		•	\$
	-	tion 4933 tax, tild it file Form 4720 for t	ins year.		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b Par		nization is exempt under section	on 501(c), exce	ept section 501(c)(3	).
1		ed by the filing organization for section			<del>, -</del> \$
2	, ,	anization's funds contributed to other o	•		\$
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and or	n Form 1120-POL,	line 17b ►	¢
4	Did the filing organization file <b>For</b>	m 1120-POL for this year?			Yes No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amount that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such	ich the filing s Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					
or P	Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C	(Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019

activity

Volunteers?

Media advertisements?

Return Reference

1

(b)

Amount

(a)

Yes | No

#### Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

**SCHEDULE D** 

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493230011460

OMB No 1545-0047

2019

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Schedule D (Form 990) 2019

Cat No 52283D

(Form 990)

•	rtment of the Treasury nal Revenue Service  Go to www.irs.gov/Form	► Attach to Form 99 1990 for instruction:		rmation.		pection
	me of the organization				ridentification	
ISC	NEW ENGLAND INC			04-33725	00	
Pa	art I Organizations Maintaining Donor Advis	sed Funds or Oth	er Similar Funds o			
	Complete if the organization answered "Ye					
		(a) Donor a	dvised funds	(b) F	unds and other	accounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		assets held in donor ac	lvised funds		Yes 🗌 No
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					Yes 🗌 No
Pa	rt II Conservation Easements.  Complete if the organization answered "Ye	s" on Form 990, Pa	rt IV, line 7.			
1	Purpose(s) of conservation easements held by the organ	nization (check all tha	t apply)			
	$\square$ Preservation of land for public use (e g , recreation	n or education)	Preservation of an	historically	ımportant land a	irea
	Protection of natural habitat		Preservation of a	certified hist	oric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation	contribution in the fo		ervation eld at the End o	f the Year
а	Total number of conservation easements			2a	id dt the Liid o	r the rear
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified historic	c structure included ir	(a)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and	d not on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguis	hed, or terminated by	the organiza	ition during the	
4	Number of states where property subject to conservatio	n easement is located	<b>&gt;</b>			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitoring 52	, inspection, handling	of violations	, Ves	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of viola	tions, and enforcing c	onservation		
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violations	, and enforcing conser	vation easer	nents during the	year
В	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$ ?	above satisfy the req	uirements of section 1	70(h)(4)(B)	(ı) <b>Yes</b>	□ No
9	In Part XIII, describe how the organization reports cons- balance sheet, and include, if applicable, the text of the				nt, and	_ 110
Par	the organization's accounting for conservation easement ttill Organizations Maintaining Collections		Treasures, or Oth	er Similaı	Assets.	
	Complete if the organization answered "Ye					
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, edu	cation, or research in t			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items	6 (ASC 958), to repor lic exhibition, education	t in its revenue staten in, or research in furth	nent and bala erance of pu	ance sheet work iblic service, pro	s of art, vide the
(	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$	<u> </u>	
C	ii)Assets ıncluded ın Form 990, Part X			▶ 4		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1			ncial gain, p	rovide the	
а	Revenue included on Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,		<b>▶</b> \$	<b>\$</b>	
ь				<b>•</b>	\$	
_	· · · · · · · · · · · · · · · · · · ·				•	

**1a** Land . . . . .

 ${f d}$  Equipment .

**e** Other .

 ${f b}$  Buildings . . . .

 $c \ \ \mathsf{Leasehold} \ \mathsf{improvements}$ 

		(Form 990) 2019										Pa
Par	i IIII	Organizations Maintaining	g Collections o	of Art, H	istoric	al Tr	easu	res, or (	Other	Similar A	ssets (	continued)
3		the organization's acquisition, acc (check all that apply)	cession, and other	records,		ny of t	the foll	lowing tha	it are a	significant	use of its	s collection
а		Public exhibition			d		Loan	or exchan	ge prog	ırams		
b		Scholarly research			е		Other					
С		Preservation for future generation	ns									
1	Provid Part X	le a description of the organization IIII	n's collections and	l explain h	now they	furth	er the	organızat	ion's ex	empt purpo	ose in	
5		g the year, did the organization so s to be sold to raise funds rather t								ılar	□ Ye	es 🗆 No
Pai	t IV	Escrow and Custodial Arra Complete if the organization X, line 21.		" on Fori	m 990,	Part	IV, lır	ne 9, or r	eporte	d an amo	unt on I	Form 990, Par
1a		organization an agent, trustee, co ed on Form 990, Part X?	ustodian or other	ıntermedı	ary for c	ontrib	outions	or other	assets	not	□ Ye	es 🗸 No
b	If "Ye	s," explain the arrangement in Pa	rt XIII and comple	ete the fol	llowing t	able					mount	
c		ning balance							1c			
d	-	ons during the year							1d			
e	Distrib	outions during the year							1e			
f	Ending	g balance							1f			
a	Did th	ie organization include an amount	on Form 990. Pa	rt X. line 2	21. for es	scrow	or cus	todial acc	ount lia	bility?	V ve	es 🗆 No
b		s," explain the arrangement in Pai										110
	rt V	Endowment Funds.	TO ATTI CHECK HEI	e ii tile ex	piariatio	ii iias	Deen	provided	II Fait /	XIII		
		Complete if the organization			m 990,	Part	IV, lır	ne 10.				
	_		(a) Curre	nt year	<b>(b)</b> Pri	or year	r (	<b>c)</b> Two yea	rs back	(d) Three ye	ars back	(e) Four years b
		ng of year balance										
		utions										
		estment earnings, gains, and loss	es									
		or scholarships										
	and pro	expenditures for facilities ograms					$\perp$					
		strative expenses										
g	End of	year balance										
2		le the estimated percentage of the	•	d balance	(line 1g,	colur	nn (a)	) held as				
а	Board	designated or quasi-endowment	<b>&gt;</b>									
b	Perma	anent endowment ►										
c	Tempo	orarily restricted endowment 🕨										
	,	ercentages on lines 2a, 2b, and 2d										
Ba .	organ	rere endowment funds not in the prization by	possession of the	organızatı	on that a	are he	eld and	d administ	ered fo	r the	_	Yes N
	. ,	related organizations				•					_	a(i)
h		elated organizations s" on 3a(ii), are the related organ					• •				_	a(ii) 3b
Þ		s on 3a(II), are the related organ Ibe in Part XIII the intended uses		•			•				·	טע
	rt VI	Land, Buildings, and Equi		5 CHOON	iciic iu							
		Complete if the organization		" on Fori	m 990,	Part	IV, lır	ne 11a. S	ee For	m 990, Pa	art X, Iır	ne 10.
	Descrip	ption of property (a) Cos	t or other basis vestment)	(b) Cost						lepreciation		(d) Book value

0 0

0

0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) .

66,520,588

41,115,287

316,878,328

97,568,370 Schedule D (Form 990) 2019

28,701,805

35,585,839

262,658,189

37,818,783

5,529,448

54,220,139

Schedule D (Form 990) 2019				Page <b>3</b>
Part VII Investments—Other Securities.  Complete if the organization answered "Yes" on Form 990,	Part IV. lı	ne 11t	.See Form 990.	Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value		(c) Metho	d of valuation -year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Part VIII Investments—Program Related.	<b>&gt;</b>			
Complete if the organization answered 'Yes' on Form 990,	Part IV, lı	ne 11c		
(a) Description of investment			(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		<b>•</b>		
Part IX Other Assets.	Davit IV Jun		S	1 1 1 1 1 1
Complete if the organization answered 'Yes' on Form 990, F  (a) Description	Part IV, III	ie IIa	. See Form 990, Pa	(b) Book value
(1)Security Deposits - Financial Assurance, held on behalf of Market Participants				191,439,036
(2)Restricted Congestion Revenue Fund, held on behalf of Market Participants				13,770,395
(3)Restricted Cash on Deposit (Forfeited FCM funds), held on behalf of Market Pa	articipants			11,249,252
(4)Right of Use Asset, Operating Leases				1,696,337
(5)System Impact Study Deposits				1,356,950
(6)Market Participant Settlement Funds (7)Restricted Cash on Deposit (Cluster Interconnection Studies), held on behalf or	- 6 M - ul + D	)		1,198,955 202,977
(8)Federal Income Tax Refund for Taxes Paid	JI Market F	ai ticipa	1103	<u> </u>
(9)Fair Market Value of Interest Rate Cap for Tax Exempt Debt				22,151 1,876
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )				220,937,929
Part X Other Liabilities.	• •	•	<u>P</u>	220,937,929
Complete if the organization answered 'Yes' on Form 990, F	Part IV/ lir	110	or 11f See Form	990 Part X June 25
1. (a) Description of liability	ure 117 iii	10 110	01 1111000 101111	(b) Book value
(1) Federal income taxes				.,
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )			<b>•</b>	78,486,765
2. Liability for uncertain tax positions In Part XIII, provide the text of the footno			ion's financial state	ments that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check	here if the	text of	the footnote has be	een provided in Part XIII 🗹

Part XI

2

3

4

1

2

3

Schedule D (Form 990) 2019

Page 4

134

194,266,780

194,266,646

194,266,646

194.266.780

Schedule D (Form 990) 2019

134

С	Recoveries of prior year grants
d	Other (Describe in Part XIII )
е	Add lines 2a through 2d

Net unrealized gains (losses) on investments . . . . 2a Donated services and use of facilities . . 2b 2c

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2e

3

4c

5

134

2a 2b

2c

2d

4b

2e 3 194,266,646

	· · · · · · · · · · · · · · · · · · ·								
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a					0		ı
b	Other (Describe in Part XIII )	4b					134		ı
c	Add lines <b>4a</b> and <b>4b</b>							4c	ı
5	Total revenue Add lines ${f 3}$ and ${f 4c.}$ (This must equal Form 990, Part I, line 12 )							5	
Par	t XII Reconciliation of Expenses per Audited Financial Statem	ents	Wit	h Ex	феі	ıses	per R	eturr	٦.
	Complete if the organization answered 'Yes' on Form 990, Part	:IV,	line :	12a.					

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

Add lines **4a** and **4b** . . . . . . . . . . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Amounts included on line 1 but not on Form 990, Part VIII, line 12

# 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . Part XIII Supplemental Information Return Reference

Add lines 2a through 2d .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Explanation

See Additional Data Table

Page <b>5</b>		Schedule D (Form 990) 2019			
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			
	<u> </u>				

Schedule D (Form 990) 2019

### Additional Data

Right of Use Asset, Operating Leases System Impact Study Deposits Market Participant Settlement Funds

Federal Income Tax Refund for Taxes Paid

**Software ID:** 19009572

Software Version: v1.00

**EIN:** 04-3372500

Name: ISO NEW ENGLAND INC

Form	990,	Schedule	D,	Part IX,	- Other	Assets

Fair Market Value of Interest Rate Cap for Tax Exempt Debt

	_	-	-	÷	-	-	_	-	-	-	÷	Ξ		
									(	а	)	С	es	50

Restricted Cash on Deposit (Cluster Interconnection Studies), held on behalf of Market Participants

Restricted Cash on Deposit (Forfeited FCM funds), held on behalf of Market Participants

# cription

## Security Deposits - Financial Assurance, held on behalf of Market Participants

# Restricted Congestion Revenue Fund, held on behalf of Market Participants

11,249,252
1,696,337
1,356,950

(b) Book value

191,439,036

13,770,395

22,151 1,876

11,279,232
1,696,337
1,356,950
1,198,955
202,977

 Supplemental Information

 Return Reference
 Explanation

 Schedule D. Part IV. Line 2b
 The \$328,662,358 reported on Line 21. Part X of the Form 990 represents funds held by ISO

Schedule D, Part IV, Line 2b	The \$328,662,358 reported on Line 21, Part X of the Form 990 represents funds held by ISO
· · ·	New England Inc , for or on behalf of, market participants in furtherance of ISO New Engla
	nd Inc's tax exempt purpose

Supplemental Information	
Return Reference	Explanation
Schedule D, Part VI, Line 1a	ISO New England incurred costs associated with the purchase of land at the Main Control Ce nter located at Sullivan Road in Holyoke, MA and the Backup Control Center located at Helm sford Way in Windsor, CT ISO New England recovers current year amortization through the a nnual Tariff filing "Recovery of ISO Administrative Expenses" Unamortized land is recognized as a deferred asset and reported on Part X, Line 9 - Prepaid expenses and deferred assets on the Form 990 The Main Control Center includes fully amortized land of \$150,956 and the Backup Control Center includes land purchase of \$982,581, and amortization of \$225,99 4 for a book value of \$756,587

upplemental Information	
Return Reference	Explanation
schedule D, Part X, Line 2	The Company has determined prior to recording any benefit in the financial statements that it is more likely than not that the tax position will be sustained upon examination by the appropriate taxing authorities, as required by the Accounting for Uncertainty in Income Taxes in FASB ASC Topic 740, Income Taxes A tax position is measured at the largest amount of benefit that is greater than fifty percent likely of being realized upon settlement

<u>Su</u>

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4b	ISO New England received proceeds from the sale of two iPad's, one to a current Board memb er (\$480) and one to a Officer of ISO New England (\$300). The book value of the iPads at the time of sale was \$258, and \$388 respectively. This resulted in net proceeds of \$134.

\_ \_ \_

Supplemental Information	
Return Reference	Explanation
, ,	ISO New England received proceeds from the sale of two iPad's, one to a current Board memb er (\$480), and one to an Officer of ISO New England (\$300) The book value of the iPads at the time of sale was \$258, and \$388 respectively This resulted in net proceeds of \$134

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DLN: 93493230011460
Note: To capture the full of Schedule I (Form 990)  Department of the Treasury Internal Revenue Service	ontent of this do	Grants and C Governments mplete if the organiza	Iect landscape mode  Other Assistance  and Individuals  Ition answered "Yes," o  Attach to Form  W.irs.gov/Form990	ce to Organiz s in the Unite on Form 990, Part IV	ations, d States , line 21 or 22.		OMB No 1545-0047  2019  Open to Public Inspection
Name of the organization ISO NEW ENGLAND INC	ation on Grants	and Assistance				Employer ident 04-3372500	tification number
Does the organization mail the selection criteria used  Describe in Part IV the org  Part II Grants and Other A	ntain records to subs to award the grants anization's procedure Assistance to Dom	stantiate the amount of it or assistance? es for monitoring the us	e of grant funds in the Ur	nited States		•	✓ Yes □ No
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) University of Massachusetts Amherst 130 Natural Resources Road Amherst, MA 01003	04-3167352	Commonwealth of Mass	6,900	0			Support for the College of Engineering Student Development Center (\$5,000), and support for one ISO-NE Intern UMass Amherst High Technology Scholarships (\$1,900) for the Academic Year 2019-2020
(2) IEEE Foundation Inc 445 Hoes Lane Piscataway, NJ 088551331	13-1656633	501(c)(3)	5,366	0			Support for two Region 1 recipients for the IEEE PES Scholarship Plus Initiative Fund
2 Enter total number of section 3 Enter total number of other Paperwork Reduction Act Notice	r organizations listed	d in the line 1 table .				• • • • • • • • • • • • • • • • • • •	2 0 Schedule I (Form 990) 2019

(a) Type of grant or assistar	nce	(b) Number of recipients	of	(c) Amount of cash grant		(d) Amount of noncash assistance		(e) Method of valuation (book, FMV, appraisal, other)		(f) Description of noncash assistance
art IV Supplemental	Informatio	<b>n.</b> Provide the ir	nformation	on required in	Part I,	line 2; Part III, colu	umr	n (b); and any other add	ditional	information.

Schedule I (Form 990) 2019

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19323	30011	.460
Sch	edule J	Co	mpensati	ion Information	40	1B No	1545-0	0047
(For	n 990)	For certain Officer		rustees, Key Employees, and Hig	hest			
		► Complete if the orga	Compensa nization answ	ited Employees rered "Yes" on Form 990, Part IV,	line 23.	20	19	•
Б			▶ Attach	to Form 990. instructions and the latest inform			to Pul	
•	tment of the Treasury al Revenue Service	P Go to <u>www.ns.gov</u>	/	mistractions and the latest mion	nation.		ectio	
	ne of the organiza NEW ENGLAND INC				Employer identificat	ion nu	ımber	
					04-3372500			
Pa	rt I Questi	ons Regarding Compensati	on				I	
1a				the following to or for a person liste y relevant information regarding thes			Yes	No
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use			
	☐ Travel for	companions		Payments for business use of person	nal residence			
	Tax idemi	nification and gross-up payments		Health or social club dues or initiation	on fees			1
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chauf	feur, chef)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all		2		
	airectors, truste	es, officers, including the CEO/EX	ecutive Director	r, regarding the items checked on Lir	ie Ia,			
3	organization's C	EO/Executive Director Check all t	that apply Don	d to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i				
	✓ Compens	ation committee	<b>✓</b>	Written employment contract				
	_ '	ent compensation consultant	<b>✓</b>	Compensation survey or study				1
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	tion committee			
4	During the year related organiza		90, Part VII, Sed	ction A, line 1a, with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-contr	ol payment?			4a		No
b	Participate in, o	r receive payment from, a supplei	mental nonquali	ified retirement plan?		4b		No
c		r receive payment from, an equity		-		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Part	: III			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) (	organizations	must complete lines 5-9.				
5	For persons liste		A, line 1a, did t	the organization pay or accrue any				
а	The organization	٦ <sup>?</sup>				5a		No
b	Any related orga					5b		No
	-	5a or 5b, describe in Part III						
6	compensation c	ontingent on the net earnings of	A, line 1a, did t	the organization pay or accrue any				
a	The organization					6a 6b		No
Ь	Any related orga	6a or 6b, describe in Part III				OD		No
7	For persons liste	·		the organization provide any nonfixed	d	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe			
9		8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	8		No
For F		ıction Act Notice, see the Instr	uctions for Fo	orm <b>990.</b> Cat No 5	50053T Schedule J		1 990)	2019

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title	 (B) Brea	cdown of W-2 and/c	or 1099-MISC	and other	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation			column (B) reported as deferred on prio Form 990
See Additional Data Table							
						Schedule J (Fo	orm 990) 2019

Compensation and Human Resources Committee of the Board (the "Committee"), other Board committees, and the Board at the commencement of each plan year The individual performance of an officer is evaluated by the Committee and the Board. The final API Plan award for an officer is calculated and paid once the Board. determines the scores for organizational performance and individual performance for the plan year. The LTI Plan awards are available to officers and certain other lemployees and are based upon the achievement of organizational and individual long-term goals established by recommendations of the Committee (with input from other Board committees) and with the approval of the Board Similar to the API Plan, the LTI Plan awards are calculated using an eligible employee's base Isalary in effect as of December 31st of the plan year and a grade-related salary percentage, however, LTI Plan awards generally are paid two and one-half years lafter the end of the plan year. The Board assesses the performance of the organization and the individual at the end of each plan year, and reassesses the organization's progress towards its long-term goals and objectives two and one-half years later, immediately prior to the calculation and pay-out of the LTI Plan laward Under both plans, ISO New England reserves the right to reduce or eliminate plan awards if the eligible employee or the organization underperforms or there lis a major collapse of the bulk electric power system managed by ISO New England

Schedule 1 (Form 990) 2019

**Software ID:** 19009572 **Software Version:** v1.00

**EIN:** 04-3372500

Name: ISO NEW ENGLAND INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule	∍ J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees		
(A) Name and Title		(B) Breakdown (i) Base Compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive	C compensation (iii) Other reportable	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on
			compensation	compensation	·			prior Form 990
1Gordon van Welie President, and Chief Executive Officer	(ı)	760,091	836,497	6,430	679,413 	23,598 	2,306,029	392,660
	(11)	0	0	0	0	0	0	0
<b>1</b> Vamsı K Chadalavada Executive V P and Chief Operating Officer	(I) (II)	551,206	600,279	3,055	568,933 	22,979 	1,746,452	280,351
<b>2</b> Robert C Ludlow V P Chief Financial &	(1)	421,917	222,378	3,551	317,900	26,198	991,944	113,386
Compliance Officer	(11)	0	0	0	0	0	0	0
<b>3</b> Janice S Dickstein V P Human Resources	(I) (II)	337,352	224,257	2,849	298,206	21,314	883,978	126,495
<b>4</b> Peter T Brandien V P System Operations &	(1)	371,824	212,730	6,429	326,435	25,804	943,222	104,563
Market Administration	(11)	0	0	0	0	0	0	0
5Jamshid A Afnan V P Info & Cyber Security	(1)	306,571	180,648	5,201	477,732	19,072	989,224	98,123
Svc	(11)	0	0	0	0	0	0	0
<b>6</b> Robert G Ethier V P Market Operations	(1) (1)	326,906	173,870	2,248	317,765	27,129	847,918	85,089
<b>7</b> Anne C George	(11)	307,603	100 771	0	240.020	0	720.275	72.224
V P External Affairs & Corp Communications	(II)	0	160,771	752 	240,038 	30,211 	739,375 	72,321 
8Marıa A Gullunı	(1)	330,963	127,964	2,356	320,582	138	782,003	56,232
V P Gen'l Counsel and Corp Sec	(11)	0	0		0	0	0	0
<b>9</b> Lorraine M Brady Corporate Administrator & Assistant Secretary	(1)	94,288	6,142	923	82,324	17,283	200,960	0
10Jeffrey McDonald	(II)	264,848	0 133,213	0 1,940	93,023	0 27,791	0 520,815	0 67,270
V P Market Monitoring	(m)	0						
11Mark G Karl	(1)	288,695	135,915	6,939	318,532	17,481	767,562	65,781
V P Market Development & Settlements	(11)	0	0	0,555	0		0	0
<b>12</b> Stephen J Rourke V P System Planning	(1)	214,507	273,081	9,463	186,727	2,308	686,086	153,643
	(11)	0	0	0	0	0	0	0
<b>13</b> Michael I Henderson Director, Regional Planning & Coord	(1)	245,471	133,765	10,142	250,972 	20,430	660,780	88,758 
14Eugene Litvinov	(II)	280,747	0	0	0	0	0	0
Chief Technologist	(II)	280,747	61,119	5,821	194,591	21,331	563,609	
15M David Hameedy Director, Program	(1)	248,545	52,409	7,099	254,048	30,898	592,999	0
Management Office	(11)	0	0	0	0	0	0	0
<b>16</b> Matthew F Goldberg Director, Reliability &	(1)	220,504	89,684	0	233,955	33,150	577,293	44,108
Operations Compliance	(11)	0	0	0	0	0	0	0
17Michael N Taniwha IT Director, Infrastructure & Enterprise Support	(1)	216,020	40,323	925 	205,244 	24,272 	486,784 	0
18Shannon L Carey	(11)	213,946	0	0	0	0	0	0
Director, Market Analysis & Settlements	(I) (II)	213,946	79,477	538 	272,087 	29,721 	595,769	39,572 
19John R Norden Director, Operations	(1)	250,183	48,948	4,266	442,261	25,871	771,529	0
	(11)	0	0	0	0	0	0	0

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) (i) Base Compensation (ii) (iii) compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation 21Brent Oberlin 216,321 (1) 43.797 1,300 152,240 29.086 442,744 Director, Transmission Planning 1Matthew W White 264,161 113,138 1,931 202,683 25,368 607,281 61,041 Chief Economist 2Dennis Robinson 210,812 40,051 1,532 356,593 29,340 638,328 Director, Market & Resource Administration 3Rudolf Pawul 214,172 43,953 314 213,935 26,155 498,529 Director, IT Development & Power System Support l(11) 4Richard V Kowalski 211,300 37.661 3,500 366,517 26,508 645,486 Technical Director 5James Douglass 215,545 762 56,460 201,029 28,474 502,270 Senior Regulatory Counsel

903

7,553

4,834

1,709

24,232

168,603

211,780

118,475

11,349

17,836

23,430

23,314

306,773

445,275

491,464

395,018

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

50,000

46,291

36,674

40,996

220,289

204,992

214,746

210,524

6Timothy Helwick

Assistant General Counsel Market Monitoring 7Raymond M Curry

Director, Internal Audit

8Henry Y Yoshimura

9Christopher J Hamlen

Assistant General Counsel

 $|(\Pi)|$ 

Strategy

Markets

Director, Demand Resource

DLN: 93493230011460 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule K Supplemental Information on Tax-Exempt Bonds (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Department of the Treasury ▶ Attach to Form 990. Open to Public ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number ISO NEW ENGLAND INC 04-3372500 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (i) Pool (a) Issuer name (h) On behalf of financina ıssuer Yes No Yes No Yes No Χ Х Х Massachusetts Development 04-3431814 57583raa3 02-25-2005 45,500,000 Finance acquisition of 64k sq. foot Finance Agency facility, renovate existing bldg Х Connecticut Innovations 04-1423798 20758caa3 12-13-2012 36,000,000 Finance acquisition of land & office Х Χ bldg for Back-up Control Center Incorporated Part  ${
m I\hspace{-.1em}I}$ **Proceeds** Α C D 2 3 45,500,000 36,000,000 5 6 7 386,499 8 9 146,955 222,060 10 45,353,045 34,041,441 11 1,350,000 12 13 2007 2014 Yes No Yes No Yes Yes No No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Х **Private Business Use** Part III D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Are there any lease arrangements that may result in private business use of bond-financed 2 Χ Χ Cat No 50193E Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

b

C

d

6

Part IV

b

C

Arbitrage

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet? . . . . . . .

Exception to rebate? . . . . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . 

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

counsel to review any management or service contracts relating to the financed property?

Page 2

D

Schedule K (Form 990) 2019

No

Yes

C D Yes Nο Yes No Yes No Yes No Are there any management or service contracts that may result in private business use of Χ Х 

Х Χ Χ

0 %

0 %

0 %

C

No

Χ

Х

Yes

Are there any research agreements that may result in private business use of bond-financed

0 %

0 %

0 %

В

Yes

Χ

Χ

Χ

No

Χ

Χ

Χ

X

Х

Χ

Х

No

Χ

Χ

Χ

Χ

Α

Yes

Χ

Х

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

02/25/2005 45,500,000 Massachusetts March 19, 2010 the Arbitrage rebate Calculation was completed

В

Nο

Explanation

No

Х

Х

Yes

Yes

No

No

Yes

Nο

Yes

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Yes

Х

Page 3

No

Nο

D

Yes

Yes

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

Part VI

Development

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

requirements of section 148? . . .

Return Reference

Schedule K, Part IV, Line 2c-

Return Reference	Explanation
chedule K, Part IV, Line 2c- 2/13/2012 36,000,000 onnecticut Innovations ncorporated	November 30, 2017 the Arbitrage rebate Calculation was completed

In

efile GRAPHIC	print - DO N	OT PROCES	S As	Filed Data -					DL	.N: 93	4932	300	11460
Schedule L		Tran	sactio	ons with li	ntereste	d Persor	าร			OI	MB No	1545	5-0047
(Form 990 or 990-	EZ) ► Comple	ete if the orga	anization	answered "Yes	s" on Form 9	90, Part IV, li	ines 2	25a, 2	25b, 26	5,	20	1	0
		27, 28a,		28c, or Form 99 ach to Form 99			40b.				40	1	フ
Department of the Trea-		Go to <u>www.ii</u>		orm990 for inst			forma	ition.			Open 1		
Internal Revenue Service Name of the orga							l E	mnlo	yer ide	ntifica	Insp		
ISO NEW ENGLAND								•	-	intilice	1011 11	uiiib	CI
Part I Exces	s Ronofit Tra	neactions (	costion E0	1(c)(3), section	501/c)/// and	d saction E01/a		1-337		s only	١		
		•		Form 990, Part		,		-			)		
1 (a)	Name of disqua	lified person	(b	) Relationship be		lified person ai	nd		escript				rected?
				(	organization			tr	ansactı	on	Y	es	No
							_						
2 Futouth													
				managers or dis			year (	unaer • •	section	ր \$ ——			
3 Enter the am	nount of tax, if a	ny, on line 2, a	above, reii	mbursed by the o	organization .		•			\$			
Part II Loa	ns to and/or	From Inter	ested P	ersons.									
Com	plete if the orgai	nization answe	red "Yes"	on Form 990-EZ	, Part V, line 3	38a, or Form 99	90, Pa	rt IV,	line 26	or if	the org	anıza	ation
(a) Name of	rted an amount ( <b>(b)</b> Relationship				(e) Original	(f) Balance	(a	) In	(1	h)	Ci	) Wr	ıtten
interested person				rganization? principal		due		ault?	Appro	proved by agreemer			
					amount				committee?				
			То	From			Yes	No	Yes	No	Yes		No
					+			1					
Total		D	<b>T</b>		<b>▶</b> \$								
			_	rested Perso Yes" on Form 9		line 27							
(a) Name of Intere		<b>b)</b> Relationship			of assistance	(d) Type	of ass	stanc	:e	<b>(e)</b> Pu	rpose o	of ass	istance
	ın	terested perso organizat											
		organizat	.1011										
For Paperwork Redu	uction Act Notice.	see the Instru	ctions for I	 Form 990 or 990-l	EZ. C	at No 50056A		Sci	nedule I	L (Form	1 990 ai	- 990-	EZ) 2019

(b) Relationship

(a) Name of interested person

(c) Amount of

(d) Description of transaction

	between interested person and the organization	transaction		organiz reven	zation's
				Yes	No
(1) GRT Inc	Entity related to Key Employee	620,589	Compensation of GRT, Inc		No
(2) Ralph Slate	Family member of Officer		Compensation of employee at ISO New England		No
(3) Catherine Simonelli	Family member of Key Employee		Compensation of Employee at ISO New England		No
Part V Supplemental Inform Provide additional information	mation ation for responses to questions on S	Gchedule L (see instructi	ons)		

					1
Part V	Supplemental Inform	ation			
	Provide additional informat	tion for responses to questions o	n Schedule L (see instruction	ons)	
Return Reference			Explanation	on	

Schedule L. Part IV Line 1 - GRT Inc is a software consulting firm that performs services for ISO New England Inc Mr Victor Litvinov is a family member of Eugene Litvinov, current Key Employee Victor Litvinov is an officer of GRT,

Inc The amount in column (c) represents payments made to GRT Inc for 2019 Line 2 - Ralph Slate is a family member of Maria Gulluni, current officer. Compensation as an employee of ISO New England, Inc. in the position of Principal Data Architect. The amount in column (c) represents payments made to Ralph Slate

for 2019 Line 3 - Catherine Simonelli is a family member of John Simonelli, former Key Employee Compensation as an employee of ISO New England Inc in the position of Lead EMS Support Specialist. The

amount in column (c) represents payments made to Catherine Simonelli in 2019

(e) Sharing

efile GRAPH	IC print - DO NOT PROCESS   As Filed Data -	DLN	: 93493230011460
SCHEDUL Form 990 or EZ)	990- Complete to provide information for response Form 990 or 990-EZ or to provide any as Attach to Form 990 or 9	es to specific questions on Iditional information. 90-EZ.	OMB No 1545-0047  2019 Open to Public Inspection
<del>ปลาทย</del> ์ <b>ฮิริปายเจโ</b> g SO NEW ENGLAND	Bhization DINC	<b>Employer iden</b> 04-3372500	tification number
Return Reference	e O, Supplemental Information  Explanat	ion	
Form 990, Part VI, Section A, Line 4	ISO New England Inc is governed by a ten-person Board of Directors, nine of whom are independent voting directors, and act also as voting members of ISO New England Inc. In 2019 ISO New England made a change to its' Bylaws regarding the election of the Board Chair. ISO New England's current Bylaws require the vote of a majority of the directors, then in office. Should a Director not receive a majority vote to elect him or her Chair, the Board must choose between the two candidates with the most votes in a second round election. All votes must be by anonymous ballots. Under ISO New England's old Bylaws the election of the Chair required the vote of a majority of the directors present at a meeting, at which a quorum was present. In addition, there had not been a mechanism in place to deal with a situation in which no individual director received the required majority vote, nor was		

there a requirement, under the old Bylaws, for anonymous ballots

990 Schedule O, Supplemental Information

Return Reference	<b>Explanation</b>
Form 990, Part VI, Section A, Line 6	ISO New England Inc is governed by a ten-person Board of Directors. Nine of the individuals on the Board of Directors are independent voting directors, and act also as voting members of ISO New England Inc. (The tenth individual on the Board of Directors is the President and Chief Executive Officer of ISO New England Inc., he is a non-voting director and is not a member of ISO New England Inc.) The voting members of ISO New England Inc. and the Board of Directors of ISO New England Inc. have no financial interest in any company doing business in New England's electricity markets and are elected to their positions because of their expertise in financial markets, law, and/or electric power operations and regulation.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990,	Members of the Board of Directors are elected by the current voting directors of the Board in their capacity as members of ISO

Part VI. New England Inc. They are nominated by the Nominating and Governance Committee of the Board of Directors, which is a Section A. Line 7a nominating committee composed of stakeholders and members of the Board develops the slate of candidates for election

standing committee consisting of three or more members of the Board of Directors of the Company Each member of the Committee must meet all independence standards imposed under the Company's charter, by-laws and code of conduct, as well as any other applicable independence standards adopted by the Board of Directors Before the formal nomination and election, a joint

990 Schedule O, Supplemental Information

Return

Line 11b

Reference	·
Form 990, Part VI,	The Form 990 is prepared by the Lead Financial Analyst and then reviewed and commented upon by the Supervisor, Budget and Financial Reporting. The Form 990 is then reviewed and commented upon by the Director, Finance & Accounting, and then by ISO.
Section B.	New England's external tax counsel, Chief Financial and Compliance Officer and then reviewed by the Audit & Finance Committee

of the Board of Directors and then by ISO New England's full Board of Directors prior to being filed

Explanation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	ISO New England has a "Code of Conduct" that applies to its directors and employees (including officers and key employees) The Audit and Finance Committee of the Board of Directors oversees the administration of the Code of Conduct and ensures that prompt action is taken to investigate any potential violations of, or noncompliance with, the Code of Conduct When a member of the Board of Directors is involved, the full Board makes the relevant determination. On behalf of the Audit and Finance Committee, the Compliance Officer, who is the Vice President, Human Resources, has the day-to-day responsibility for reviewing compliance with the Code of Conduct, including interpreting the Code of Conduct, advising directors, officers and employees regarding potential conflicts of interest and following up on all suspected violations. Individuals subject to the Code of Conduct are prohibited from using their positions to improperly benefit themselves, their family members or the people with whom they cohabitate. Similarly, such individuals are prohibited from having a significant financial interest in any contractor, company, business, or enterprise which has, or is seeking to establish, business relations with ISO New England Inc , unless that relationship has been disclosed to the Compliance Officer or his or her designee and approved by the Audit and Finance Committee of the Board of Directors. Individuals subject to the Code of Conduct are obligated to identify activities of another director, officer or employee that do not comply with the Code of Conduct and report them to the Compliance Officer. Such reports may be made on a confidential basis and individuals will not be subject to retaliatory actions for making such reports. Individuals who violate the Code of Conduct may be subject to disciplinary action including suspension from duties or termination. All directors and employees are required to sign an annual compliance certificate that states, among other things, that the individual has read, fully understands an

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	The compensation of the chief executive officer and of each of the other senior executive officers of ISO New England Inc. (the "Company") is determined in a manner so that the tot al compensation of each individual is presumed to be reasonable in accordance with Treasury Regulation § 53 4958-6 In accordance with this Treasury Regulation (i) each compensation arrangement is approved in advance by the members of the Board of Directors (the "Boar d") and/or of the Compensation and Human Resources Committee of the Board (the "Committee") who do not have a conflict of interest with respect to that compensation arrangement (as set forth in Treas Reg § 53 4958-6(c)(1/(iii)), (ii) each of the Board and the Committee obtains and relies upon appropriate data as to comparability prior to making its determ ination regarding a compensation arrangement, and (iii) the basis for the compensation-rel ated determination made by the Board or the Committee is adequately documented concurrently with the making of the determination. The Company's overall compensation policy is designed to promote the tax-exempt purposes of the Company by attracting, retaining and motivat ing highly-skilled senior management to deliver superior service in furtherance of the Company's exempt purpose to lessen the burdens on government through the administration of an efficient and reliable electricity transmission system, wholesale electricity marketplac e and comprehensive regional bulk power system planning process for the benefit of New England. For each fiscal year, the Committee develops recommendations regarding (i) the base salary of each senior executive, (ii) the annual performance incentive plan (i.e. the short-term incentive compensation plan) goals and objectives for the plan year for the Company and each senior executive, (iii) the long-term incentive compensation plan goals and objectives for the plan year for the Company and each senior executive, and (iv) proposed changes, if any, to the Company's fringe benefit plans. At the end of

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	to evaluate the reasonableness of the compensation paid to senior executives, and written and anecdotal information collected by the Human Resources Department of the Company in connection with the recruitment and retention of senior executives for the Company (including reports provided by executive recruitment firms). The compensation-related recommendations made by the Committee are referred to the Board for its review, together with all eval uations, surveys, consultant reports and findings and other information compiled by the Committee. The Board reviews the recommendations and material provided by the Committee, and considers the recommendations in light of the performance, financial condition, requirements, and exempt purpose goals and objectives of the Company, the performance, experience, and responsibilities of each senior executive, and the competitive market for executive talent. The recommendations also are weighed against a range of reasonable compensation est ablished for each of the Company's executives by an independent human resources and compen sation consulting firm (in 2019, Mercer), based upon independent survey sources and compen sation information for functionally-comparable positions provided or made available by other regional transmission operators, independent systems operators, and other similarly sit uated taxable and tax-exempt organizations. Based on the foregoing, the Board makes a fina I decision regarding each of the elements of each senior executive's compensation, including base salary, the current fiscal year's goals and objectives for each of the Company and the executive for each of the short-term incentive compensation plan and the long-term incentive compensation plan, changes (if any) to the Company's fringe benefit plans, the performance scores against the prior fiscal year's goals and objectives for each of the Company and the executive for each of the short-term incentive compensation plan and the long-term incentive compensation plan, and the final payments to be

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Reference	Explanation
Form 990, Part VI.	The Company has entered into agreements to share costs for studies and other work of common interest. These cost sharing agreements are with other Independent System Operators (ISOs) and Regional Transmission Organizations (RTOs,) all of which
Section B.	are tax-exempt organizations except for PJM Interconnection LLC, which is a taxable entity organizations (KYOs,) and or which
Line 16a	Company The Company reviews agreements entered into to safeguard its exempt status and to ensure that the Company's
	participation in the agreements furthers its tax exempt purpose

Evalanation

Return

Reference	
Form 990, Part VI, Section B, Line 16b	The methodology of ISO New England's FIN 48 (ASC 740) analysis includes review and evaluation of the organizations tax exempt status, geographical scope in which it operates, and organizational and operational documents. Included in the review of the operational documents, are any joint venture arrangements. The Director, Finance & Accounting reviews the objective and the scope of any joint venture arrangement, together with any documents memorializing the joint venture arrangement, to safeguard the assets and tax-exempt status of the Company and to ensure that the Company's participation in the joint venture furthers its tax exempt purpose. In addition, ISO New England monitors all activities to ensure that no activity results in its earnings or assets inuring to the benefit of any individual.

Explanation

990 Schedule O, Supplemental Information

Return

Line 19

Reference	Explanation
Form 990,	ISO New England makes its governing documents, conflict of interest policy (called "The Code of Conduct"), and financial
Part VI,	statements available to the public on its website www iso-ne com. Each of these documents can be found on the website as

Evolunation

Section C. follows Governing Documents and Code of Conduct - http://www.iso-ne.com/about/corporate-governance/corporate-documents. and the financial statements can be found at www iso-ne com/about/corporate-governance/financial-performance

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493230011460 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** ISO NEW ENGLAND INC 04-3372500

							04-3	3/2500				
Part I Identification of Disregarded Entities. Complete	ıf the orgar	nization answ	ered "Yes	" on Form	990, Part	IV, lıne	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary ac	tivity	(c Legal domi or foreign	) cıle (state country)	(d) Total in	) come	(e) End-of-year a	ssets	(1 Direct co ent		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns. Comple											
(a) Name, address, and EIN of related organization	Prima	(b) ary activity	Legal dom or foreigi	c) icile (state i country)	(d) Exempt Cod	e section	Public o	(e) tharity status on 501(c)(3))	Dii	<b>(f)</b> rect controlling entity		512(b) ntrolled ity?
(1)ISO New England Inc Retiree Medical Dental and Life Trust One Sullivan Road	Retiree Ins	surance	1	1A	501(c)(9)		N/A		N/A		Yes	No No
Holyoke, MA 01040 13-7379593												

		(b)	1 (-5 1	(4)	1 /->	1 10	1 (=)			/:·	1 4	x 1	(1.)
(a)  Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(relate unrelated, excluded fror tax under sections 512	ed, total income m	(g) Share of end-of-year assets	Disprop	h) rtionate tions?	(i) Code V-UBI amount in boo 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or F aging	(k) Percenta <u>c</u> ownershi
					514)						V		
								Yes	No		Yes	NO	
							1				-		
											$\vdash$		
											├		
J Identification of Related Organiza because it had one or more related or (a)  Name, address, and EIN of related organization		a corporation		st during th	(d) controlling Ty	(e)	(f) Share of total	Share	(g) of end-o	(I of- Perce	, line  i)  ntage	Sec	(ı) tion 512 ) contro
related organization		(state	or foreign untry)		endry	or trust)	income		assets	OWITE	тэтпр		entity?
			.,,									1	ES 144
										1			

Schedule R (Form 990) 2019		Pa	age <b>3</b>									
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.												
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule												
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			1									
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No									
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	,	No									
c Gift, grant, or capital contribution from related organization(s)		:	No									
d Loans or loan guarantees to or for related organization(s)			No									
e Loans or loan guarantees by related organization(s)	1e		No									
f Dividends from related organization(s)	1f		No									
g Sale of assets to related organization(s)	<b>1</b> g		No									
h Purchase of assets from related organization(s)	1h		No									
i Exchange of assets with related organization(s)	1i		No									
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No									
k Lease of facilities, equipment, or other assets from related organization(s)	1k	<u> </u>	No									
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No									
m Performance of services or membership or fundraising solicitations by related organization(s)	1n	n	No									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	,	No									
o Sharing of paid employees with related organization(s)	10		No									
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No									

j	Lease of facilities, equipment, or other assets to related organization(s)	1)		NO							
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No							
- 1	l Performance of services or membership or fundraising solicitations for related organization(s)										
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No							
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No							
0	Sharing of paid employees with related organization(s)	10		No							
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No							
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No							
r	Other transfer of cash or property to related organization(s)	1r	Yes	<del>                                     </del>							
s	Other transfer of cash or property from related organization(s)	1s		No							
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds										
	(5)										

(a) Name of related organization (b) Transaction type (a-s) (d) Method of determining amount involved (c) Amount involved (1)ISO New England Inc Retiree Medical Dental and Life Trust 602,000 cash transactions

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
										Schedul	e R (Form	199	0) 2019

Schedule R (Fo	rm 990) 2019	Pag	ge <b>5</b>					
Part VII	Supplemental Information							
	Provide additional infor	mation for responses to questions on Schedule R (see instructions)						
Return Reference		Explanation						